

**Certification of Eligible for Self-certification for Revised Plans
and Certificate of Compliance of Building Safety Requirements
for the Application of a *Provisional Licence / Full Licence
(FORM SCERT-1)**

Certification by Authorized Person

Part A – Certification of Eligible for Self-Certification for Revised Plan

I, (name in full) _____ (in English) _____ (in Chinese), being the Authorized Person registered under section 3 of the Buildings Ordinance (Cap. 123) do hereby certify and declare as follows:

- (a) In respect of the premises known as _____ (shop sign in English) _____ (shop sign in Chinese) and situated at _____ (address of premises) being under application for the *issue of a _____ Licence by _____ (Name of *applicant/licensee in English) _____ (Name of *applicant/licensee in Chinese), confirm that I have read the latest memorandum issued by the Buildings Department (BD)/ Independent Checking Unit (ICU) and copied to the above-mentioned applicant dated _____ (dd/mm/yyyy) (file ref. _____) and the associated approved layout plan. I also confirm that I have personally verified the revised plan submitted on _____ (dd/mm/yyyy) with respect to the above application, and complying with the building safety requirements in accordance with the prevailing “A Guide to Application for Restaurant Licences” issued by the Food and Environmental Hygiene Department and meeting the following criteria:
- (i) All the means of escape provision of proposed restaurant are exclusive and direct exit(s) to ultimate place(s) of safety;
 - (ii) Proposed restaurant is **not** served by fire safety constructions based on fire engineering design; and
 - (iii) Proposed changes to the revised layout plan do **not** involve change in the boundaries of the proposed restaurant.
- (b) I also confirm that the alteration and/or additional works do **NOT** reduce the provisions of facilities for persons with a disability to the premises as shown in the approved building and licence plan.

Part B Certificate of Compliance of Building Safety Requirements

(c) Building Safety Requirements in the Letter of Requirements

I confirm that the revised plan submitted on _____(dd/mm/yyyy) with respect to the above application have complied with the building safety requirements in the memorandum issued by the BD/ ICU and copied to the abovenamed applicant dated _____(dd/mm/yyyy) (file ref. _____), the details of compliance with each requirements are described as follows :

- ☐ I hereby certify that the **Category 1 requirements** (except the following requirements specified below) have been fully complied with. The supporting documentary evidence/certificates^(Remark 1) will be provided to BD/ ICU upon request.

* The Category 1 requirements that become inapplicable due to the revised plan. (Please state the relevant item number of the memorandum issued by the BD/ ICU)

* Subject to the Category 1 requirements, I hereby certify that the minor works (MW) have been carried out under the simplified requirements under the Building (MW) Regulation (Cap. 123N).

(Please state the aforesaid minor works items and their submission records reference number)

(Copies of the submission records for the aforesaid minor works items are not required)

- ☐ I hereby certify that the **Category 2(ii) requirements** (except the following requirements specified below) have been fully complied with and I have checked the structural adequacy of the existing floor and the supporting calculations^(Remark 1) will be provided to BD/ ICU upon request.

* The Category 2(ii) requirements that become inapplicable due to the revised plan. (Please state the relevant item number of the memorandum issued by the BD/ ICU)

* With regard to raised screeds, I hereby certify that the screed was laid under my supervision.

* With regard to raised screeds, the results of core tests (together with my assessments thereon)^(Remark 1) carried out in respect of material, type, density and thickness will be provided to BD/ ICU upon request.

- ☐ I hereby certify that the **Category 2(iii) requirements** (except the following requirements specified below) have been fully complied with. The supporting documentary evidence/certificates^(Remark 1) will be provided to BD/ ICU upon request.

* The Category 2(iii) requirements that become inapplicable due to the revised plan. (Please state the relevant item number of the memorandum issued by the BD/ ICU)

- ☐ I hereby certify that the **Category 2(iv) requirements** (except the following requirements specified below) have been fully complied with.

* The Category 2(iv) requirements that become inapplicable due to the revised plan. (Please state the relevant item number of the memorandum issued by the BD/ ICU)

(d) Additional Building Safety Requirements

I also confirm that the revised plan submitted on _____ (dd/mm/yyyy) with respect to the above application have fully complied with the following additional building safety requirements and the details of compliance with each requirements are described as follows :

- ☐ I hereby certify that no additional building safety requirement is required to be imposed.

- ☐ I hereby certify that the following **additional Category 1 requirements** have been fully complied with. The supporting documentary evidence/certificates^(Remark 1) will be provided to BD/ ICU upon request.

The additional Category 1 requirements

* Subject to the additional Category 1 requirements, I hereby certify that the minor works (MW) have been carried out under the simplified requirements under the Building (MW) Regulation (Cap. 123N).

(Please state the aforesaid minor works items and their submission records reference number)

(Copies of the submission records for the aforesaid minor works items are not required)

- ☐ I hereby certify that the following **additional Category 2(ii) requirements** have been fully complied with and I have checked the structural adequacy of the existing floor and the supporting calculations ^(Remark 1) will be provided to BD/ ICU upon request.

The additional Category 2(ii) requirements

* With regard to raised screeds, I hereby certify that the screed was laid under my supervision.

* With regard to raised screeds, the results of core tests (together with my assessments thereon) ^(Remark 1) carried out in respect of material, type, density and thickness will be provided to BD/ ICU upon request.

- ☐ I hereby certify that the following **additional Category 2(iii) requirements** have been fully complied with. The supporting documentary evidence/certificates ^(Remark 1) will be provided to BD/ ICU upon request.

The additional Category 2(iii) requirements

- ☐ I hereby certify that the following **additional Category 2(iv) requirements** have been fully complied with.

The additional Category 2(iv) requirements

(e) Submission of Revised Plan and Report of Works Completion

- ☐ I also confirm that the premises have been completed in accordance with the revised plan submitted on _____ (dd/mm/yyyy). I have personally verified the full compliance of all building safety requirements by inspection of the subject premises on _____ (dd/mm/yyyy).

I also understand that all matters covered by this Certificate will be subject to further verification by the Licensing Authority. If I provide information that is false or misleading in a material particular or furnish the Director of Food and Environmental Hygiene, an authorized officer or a public officer with information knowing that it is false or misleading in a material particular in this Certificate, I shall render myself liable to disciplinary action under section 7 of the Buildings Ordinance (Cap. 123) and/or other legal penalties.

Date	Signature [#] of Authorized Person
Certificate of Registration Number [#] :	
Date of expiry of registration [#] :	
Correspondence address:	
Contact telephone number:	
Contact fax number:	
Contact email address:	

(Remark 1) You need not attach any documentary evidence at the time of submission of this FORM. However, you should retain the documentary evidence for a period of **12 months** from the submission date of this FORM and provide the documentary evidence to BD/ ICU **within 2 weeks** upon request if your certification is selected for auditing.

- ☐ Please tick the appropriate box(es).
 * Delete whichever is inapplicable
 # In accordance with the registration record